

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034676

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 590

Registrar's No. 2448

DO NOT WRITE  
ON THIS STUB

AMENDED

VS:300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FILED AUG 23 1963

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>VALLEY PARK</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VALLEY PARK NURSING HOME</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Mo</u> c. CITY OR TOWN <u>ST LOUIS Mo</u> d. STREET ADDRESS (If outside, give location) <u>3642<sup>nd</sup> SALENA</u>	
3. NAME OF DECEASED (Type or print) First <u>ISABELLA</u> Middle <u>A.</u> Last <u>TURNER</u>		4. DATE OF DEATH Month <u>JULY</u> Day <u>30</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 13, 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BUNDLER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R. J. LOWENBAUM</u>	11. BIRTHPLACE (City and state or country) <u>ST LOUIS Mo</u>
13a. FATHER'S NAME <u>CHARLES STREUBIG</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH VORDTRIEDE BEN TURNER (DEC)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. INFORMANT <u>DOROTHY TURNER 3642<sup>nd</sup> SALENA</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from <u>July 20, 1962</u> to <u>July 30, 1963</u> and last saw her alive on <u>July 29, 1963</u> Death occurred at <u>12:40 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John D. Sanders, M.D.</u>		22b. ADDRESS <u>5000 S. Broadway</u>	
22c. DATE SIGNED <u>7-30-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Aug 2, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>		23d. LOCATION (City, town, or county) <u>ST LOUIS Mo</u>	
24. FUNERAL DIRECTOR <u>Thomas Kulis 2906 Graves</u>		25. DATE RECD. BY LOCAL REG. <u>8-1-63</u>	
26. REGISTRAR'S SIGNATURE <u>John B. Wampler, M.D.</u>			

(Licensed Embalmer's Statement on Reverse Side)

150170-273

Dr. Robert Sanders  
150170-273  
of Registrar's Office  
Birmingham & Route

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. G. Humphrey

Licensed Embalmer No. 7772

P. O. Address 2906 Grandview

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.